

College Savings Iowa[®]

Authorization to Access 529 Plan Accounts

- Complete this form to designate a registered investment advisor or other financial consultant as your agent ("an Agent") with limited authority to obtain information regarding your account(s) in the College Savings Iowa 529 Plan.
- Please note: We're facilitating this access as a convenience to our customers. We haven't reviewed the qualifications or professional licensing of your agent or any advice your agent may provide.
- We'll use a third-party data service provider to assist your agent with accessing information regarding your account(s). This provider will be contractually obligated to protect the security and confidentiality of the data.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.collegesavingsiowa.com. Or you can call us toll-free to order any form—or get assistance in filling out this one—at **888-672-9116** on business days from 8 a.m. to 9 p.m., Eastern time. Return this form in the enclosed postage-paid envelope, or mail to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, P.O. Box 219219, Kansas City, MO 64121-9219**. For overnight delivery or registered mail, send to: **Michael L. Fitzgerald, Treasurer of State, College Savings Iowa, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

1. Participant Information

Last Four Digits of Social Security Number,
Individual Taxpayer ID Number or EIN

Account Number(s) (List all that apply. To list more than three accounts,
use a separate sheet.)

Name of Participant (first, middle initial, last)

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Daytime Telephone Number

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Evening Telephone Number

2. Agent Information

Name of Agent (first, middle initial, last)

Agent Firm Name (if applicable)

Agent ID Number (if applicable)

Agent Branch Number

Mailing Address

City

State

Zip

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Daytime Telephone Number



3. Authorization and Indemnification

I, the Participant listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent for the limited purpose of obtaining information about my account and receiving duplicate account statements from the College Savings Iowa 529 Plan. The Agent identified in **Section 2** shall have no authority to take any action with respect to my account except as specifically stated in the foregoing sentence. I understand that, by signing this agent authorization form, I am authorizing Ascensus Broker Dealer Services, Inc., and its affiliates, on behalf of the College Savings Iowa 529 Plan, to provide my Agent with information regarding my account and with duplicate account statements. I agree to hold harmless the College Savings Iowa 529 Plan, the State of Iowa, Ascensus Broker Dealer Services, Inc., the plan officials and their respective agents, employees, and affiliates from any losses I incur as a result of the acts or omissions of my Agent.

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Signature of Participant

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Date (month, day, year)

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